

STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-3973  
Issue No.: 2009; 4031  
Case No.: [REDACTED]  
Hearing Date: February 12, 2013  
County: Wayne-41

**ADMINISTRATIVE LAW JUDGE:** Vicki L. Armstrong

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge upon Claimant's request for a hearing made pursuant to Michigan Compiled Laws 400. 9 and 400.37, which govern the administrative hearing and appeal process. After due notice, a telephone hearing was commenced on February 12, 2013, from Lansing, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Medical Contact Worker [REDACTED] [REDACTED]

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional medical evidence. The new evidence was forwarded to the State Hearing Review Team ("SHRT") for consideration. On June 14, 2013, the SHRT found Claimant was not disabled. This matter is now before the undersigned for a final decision.

**ISSUE**

Whether the Department of Human Services (the department) properly denied Claimant's application for Medical Assistance (MA-P), Retro-MA and State Disability Assistance (SDA)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

- (1) On July 3, 2012, Claimant applied for MA-P, Retro-MA and SDA benefits.
- (2) On August 8, 2012, the Medical Review Team (MRT) denied Claimant's MA/Retro-MA application indicating Claimant was capable of performing past relevant work, pursuant to

20 CFR 416.920(E). SDA was denied due to lack of duration. (Depart Ex. A, pp 4-5).

- (3) On August 14, 2012, the department caseworker sent Claimant notice that his application was denied.
- (4) On October 10, 2012, Claimant filed a request for a hearing to contest the department's negative action.
- (5) On November 20, 2012, the State Hearing Review Team (SHRT) upheld the denial of MA-P and Retro-MA benefits indicating Claimant retains the capacity to perform a wide range of light work. SDA was denied due to lack of duration. (Depart Ex. B, pp 1-2).
- (6) Claimant has a history of degenerative disc disease, hypertension, renal failure with one kidney removed, and heart disease.
- (7) Claimant is a 48 year old man whose birthday is [REDACTED] Claimant is 5'8" tall and weighs 250 lbs. Claimant completed high school and last worked in December, 2010.
- (8) Claimant was appealing the denial of Social Security disability at the time of the hearing.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department, (DHS or department), pursuant to MCL 400.10 *et seq.* and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, Rules 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manuals. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

Sec. 604 (1). The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens

exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

(b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

Disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and, (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g.,

age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, Claimant is not involved in substantial gainful activity and testified that he has not worked since December, 2010. Therefore, he is not disqualified from receiving disability benefits under Step 1.

The severity of the individual's alleged impairment(s) is considered under Step 2. The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;

4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.  
*Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Claimant alleges disability due to degenerative disc disease, hypertension, renal failure with one kidney removed and heart disease.

On February 7, 2012, Claimant went to the emergency department complaining of vomiting since yesterday and an inability to urinate. Claimant was given Dilaudid. Claimant was discharged in stable condition with prescriptions for Zofran and Fioricet and a diagnosis of nausea, vomiting and abdominal pain.

On February 13, 2012, Claimant returned to the emergency department complaining of nausea, vomiting and diarrhea. Claimant was admitted to the hospital. Claimant indicated he had multiple bouts of diarrhea but the nursing staff did not see any evidence of it. On exam, he complained of diffuse abdominal discomfort and therefore he had a full workup including diagnostic labs, abdominal ultrasound and a CAT scan of the abdomen. Of significance was some minimal thickening of the transverse colon, possibly related to colitis. He was admitted for IV fluids and evaluation by GI. The pertinent positives of the diagnostic results include the imaging studies with the CAT scan of the transverse colon showing some evidence of colitis. His CBC showed no elevated white count. The remaining labs showed no evidence of dehydration or troponin release. There were no other significant findings to support any other pathology. IV dehydration was continued, and amylase, lipase, alcohol level and a urine drug screen were added to his labs. All IV narcotics were cancelled. Claimant was discharged on 2/16/12.

On February 17, 2012, Claimant returned to the emergency department complaining of right sided pain, nausea, vomiting and diarrhea for the past 12 days. He stated that he was seen and treated for a colon infection and was discharged yesterday. He stated he felt a little better yesterday but returned to the emergency department when the symptoms worsened. Claimant was administered Zofran, Morphine Sulfate and Dilaudid. Claimant was readmitted to

the hospital. He was discharged in stable condition on 2/20/12 with a diagnosis of acute gastroenteritis/colitis.

On February 26, 2012, Claimant returned to the emergency department complaining of abdominal cramping with nausea, vomiting and diarrhea for the past month. He stated he has been in and out of the hospital the past month with the same symptoms. Claimant was admitted to the hospital with a diagnosis of acute renal failure, hypokalemia and an elevated blood pressure. Claimant appeared depressed and anxious and a psychiatric consult was requested. Claimant stated he was on Lexapro. His wife passed away 5 days ago. He insisted he was not suicidal. Diagnosis was depression, recently widowed, unemployed and having problems with finances. GAF was 40. It was recommended he continue with Lexapro and follow-up with his own psychiatrist. Claimant was discharged on March 3, 2012, in stable condition with a diagnoses of (1) acute renal failure secondary to dehydration; (2) acute clostridium difficile colitis; (3) hypertension; (4) depression; (5) degenerative joint disease; (6) esophageal reflux disease; (7) hypertension; and (8) hypokalemia.

On March 18, 2012, Claimant was transported to the emergency department by ambulance complaining of chronic swelling in his legs which got worse overnight. Claimant was visibly upset and stated he was in renal failure a few weeks ago and is afraid it is happening again. His gait was unsteady and he moved all extremities without difficulty. He had bilateral edema 4+ to his lower legs. The skin was shiny, warm and red.

On March 23, 2012, Claimant was transported to the emergency department by ambulance complaining of passing out twice, in addition to nausea and vomiting. Claimant was alert and responded appropriately. His pupils were 3mm round and reactive bilaterally. His speech was clear, facial droop neuro deficit noted. He complained of upper back pain and was given Fentanyl. A CT of the head showed no acute intracranial process. X-rays of the lumbosacral spine showed minimal degenerative changes. The chest x-ray showed stable heart size with no pleural effusion. Duplex carotid imaging revealed no hemodynamically significant stenosis bilaterally. The EKG showed the left ventricular systolic function was normal. Ejection fraction was 55-60%.

On March 25, 2012, Claimant presented to the emergency department complaining of passing out, weakness and dizziness. Claimant stated he was walking to the living room when he lost consciousness. He was in no apparent distress and appeared comfortable. He reported abdominal pain, nausea and vomiting. Claimant was stabilized and discharged with a diagnosis of syncope and abdominal pain.

On March 27, 2012, Claimant presented to the emergency department complaining of lower left back pain accompanied by nausea and vomiting. His symptoms were localized and most severe in the right lower quadrant. Claimant stated that he has had trouble with renal failure. He had dialysis once 6 weeks ago and since then he has had intermittent nausea and vomiting. He was at the

ER over the weekend with the same symptoms and his ultrasound was negative for acute process. His nausea and vomiting returned along with right lower quadrant pain and left lower back pain. Blood pressure was hypertensive. He appeared uncomfortable and in moderate pain distress. A CT scan for right lower quadrant pain was negative for acute process. Claimant was advised to follow up with his primary care physician and discharged in stable condition with a prescription for Zofran and a diagnosis of abdominal pain.

On April 15, 2012, Claimant was brought into the emergency department by ambulance complaining of bilateral lower leg edema. Claimant had been treated for cellulitis 6 weeks ago in both legs. On exam, bilateral 3+ lower edema with cellulitis appearing wound on the right leg calf area. A bilateral lower extremity venous Doppler showed no evidence of DVT in the bilateral lower extremities. Subcutaneous edema was seen in the bilateral calf regions. Claimant was stabilized and discharged home with a prescription of Clindamycin, Acetaminophen and Toradol and a diagnosis of cellulitis.

On April 29, 2012, Claimant was transported to the emergency department for back pain after a fall. Claimant stated the back pain was radiating down his right leg. X-rays revealed lumbar spondylosis, stable examination. X-rays of the right knee showed right knee joint effusion, with no acute fracture identified. Claimant was discharged home with prescriptions for Vicodin and Flexeril and a diagnosis of lumbosacral radiculopathy.

On May 16, 2012, Claimant drove to the emergency department complaining of back pain and incontinence. He stated he had reproducible back pain that radiated to the right leg. He also had numbness and tingling in his right leg. Claimant was admitted to the hospital with a diagnosis of leg weakness and suspected cauda equina versus a cardiovascular accident. During the exam, a significant dense hemianesthesia of his right lower extremity to pinprick and touch was noted. He had pain limited weakness of the right lower extremity. All other objective testing was normal (bulk, tone and reflexes). All subjective testing was abnormal (sensation and movement). He was able to ambulate independently without a walker. He had a protracted admission and stay months ago where drug overdose was involved, which apparently was accidental. He ultimately went into fulminant kidney failure, and he did recover with full resolution and normal kidney function. He has been to the emergency room since the beginning of this year 8 times for multiple related symptoms. His kidney function was normal. His imaging studies, which included thoracic and lumbar spine MRI's showed some mild degenerative disc changes, but no spinal cord and impingement or involvement. A CT of the head was normal. A chest x-ray revealed no acute process and a venous Doppler of the right lower extremity was also negative. No clinical findings or evidence of acute cauda equina syndrome. The ECG showed no significant change was found when compared to the ECG of 3/23/12. Based on Claimant's history and prior pronounced depression and somatic symptoms, conservative treatment was utilized in administering narcotic medications.

A completed Medical Examination Report was faxed to the department on June 6, 2012. The report is not dated and the signature is illegible. The report indicates Claimant has lumbar disc disease, lumbar spasms and hypertension. The physician opined that Claimant's condition is stable.

On July 8, 2012, Claimant was transported to the emergency department by ambulance complaining of back pain. He stated he suffered spinal injuries in the past and his pain medication did not work for him today. Back pain was aggravated with movement, activity and rest. Claimant was stabilized and prescribed Valium, Norco and Decadron and discharged home with a diagnosis of sciatica.

On November 7, 2012, Claimant presented to the emergency department with a right knee injury. He had pain on walking and movement and he also pain associated with decreased range of motion. Claimant was noted to be compliant with his high blood pressure medication and had no previous psychiatric history. Psychiatric exam included findings of Claimant being oriented to person, place and time. He had normal affect, judgment and insight. He denied drug and alcohol abuse. Blood pressure was hypertensive. He appeared to be in moderate pain distress. X-ray was negative for fracture. Internal derangement was suspected. He was given a knee immobilizer and crutches and was discharged in stable condition with a diagnosis of knee injury.

On December 19, 2012, Claimant had an initial psychiatric evaluation at Community Care Services. Claimant presented with a suicide attempt, depression, racing thoughts and homelessness. In 1998, he broke his back at work and lost his house. His wife died of alcoholism. He has 2 children. He has been on Lexapro for 9 years with bipolar symptoms resulting in a suicide attempt. Claimant was noncompliant with his blood pressure medication due to lack of income. He was cooperative during the evaluation. His thought processes were logical and organized. His mood was angry and hostile, and his affect was appropriate to his mood. He was fully oriented and his memory was intact in all spheres. He had limited insight and fair judgment. Diagnosis: Axis I: Major depressive disorder, recurrent, mild; Bipolar disorder, most recent episode depressed, severe; Polysubstance abuse; Axis III: Hypertension, GERD, Back fracture; Axis V: GAF=48. The psychiatrist opined that Claimant has a protracted history of major depression, with recurrent episodes of sadness, crying spells, periods of perceived hopelessness and helplessness with a loss of interest in previously valued activities. His prognosis was guarded and was a serious suicidal threat.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented some limited medical evidence establishing that he does have some physical and mental limitations on his ability to perform basic work activities. The medical evidence has established that Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments



have lasted continuously for twelve months; therefore, Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. Claimant has alleged physical and mental disabling impairments due to degenerative disc disease, hypertension, renal failure with one kidney removed, and heart disease.

Listing 1.00 (musculoskeletal system), Listing 4.00 (cardiovascular system), Listing 6.00 (genitourinary impairments) and Listing 12.00 (mental impairments) were considered in light of the objective evidence. Based on the foregoing, it is found that Claimant's impairment(s) does not meet the intensity and severity requirement of a listed impairment; therefore, Claimant cannot be found disabled, or not disabled, at Step 3. Accordingly, Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

The fourth step in analyzing a disability claim requires an assessment of the individual's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s) and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual

capable of performing medium work is also capable of light and sedentary work. *Id.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands ( exertional requirements, e. g., sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity to the demands of past relevant work must be made. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression ; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (e.g., can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

Claimant's prior work history consists of work as a supervisor and appliance installer. In light of Claimant's testimony, and in consideration of the Occupational Code, Claimant's prior work is classified as unskilled, light and unskilled medium work.

Claimant testified that he is able to walk short distances and can lift/carry approximately 15-20 pounds and can stand or sit for only 7-10 minutes. If the impairment or combination of impairments does not limit an individual's physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of Claimant's testimony, medical records, and current limitations, Claimant cannot be found able to return to past relevant work. Accordingly, Step 5 of the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v).

At the time of hearing, Claimant was 47 years old and was, thus, considered to be a younger individual for MA-P purposes. Claimant has a high school education. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from Claimant to the Department to present proof that the Claimant has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983). The age for younger individuals (under 50) generally will not seriously affect the ability to adjust to other work. 20 CFR 416.963(c).

Where an individual has an impairment or combination of impairments that results in both strength limitations and non-exertional limitations, the rules in Subpart P are considered in determining whether a finding of disabled may be possible based on the strength limitations alone, and if not, the rule(s) reflecting the individual's maximum residual strength capabilities, age, education, and work experience, provide the framework for consideration of how much an individual's work capability is further diminished in terms of any type of jobs that would contradict the non-limitations. Full consideration must be given to all relevant facts of a case in accordance with the definitions of each factor to provide adjudicative weight for each factor.

In this case, the evidence reveals that Claimant suffers from degenerative disc disease, hypertension, renal failure with one kidney removed, and heart disease. The objective medical evidence lists no limitations. In light of the foregoing, it is found that Claimant maintains the residual functional capacity for work activities on a regular and continuing basis which includes the ability to meet the physical and mental demands required to perform at least sedentary work as defined in 20 CFR 416.967(a). After review of the entire record using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.18, it is found that Claimant is not disabled for purposes of the MA-P program at Step 5.

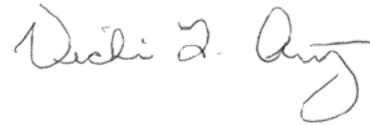
The department's Bridges Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, p 1. Because Claimant does not meet the definition of disabled under the MA-P

program and because the evidence of record does not establish that Claimant is unable to work for a period exceeding 90 days, Claimant does not meet the disability criteria for State Disability Assistance benefits.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the Claimant not disabled for purposes of the MA-P, Retro-MA and SDA benefit programs. Accordingly, it is ORDERED:

The Department's determination is **AFFIRMED**.



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Vicki L. Armstrong  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: July 12, 2013

Date Mailed: July 15, 2013

**NOTICE:** Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

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